Texila International Journal of Public Health
ISSN: 2520-3134
DOI: 10.21522/TIJPH.2013.08.02.Art033

# Mental Health in Lesbian, Gay, Bisexual, and Transgender Populations in Ghana: An Empirical Study Approach

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***Abstract***

*The purpose of this study was to empirically examine the mental health conditions in lesbian, gay, bisexual, and transgender populations in Ghana. The study used data from 494 self-identified lesbian, gay male, bisexual, and transgender (LGBT) individuals, recruited via non-probability sampling technique of snow-ball. Descriptive statistics of frequencies, percentages, mean and standard deviations were used to describe the distribution of responses of the participants. The inferential statistics of one-way Analysis of Variance (one-way ANOVA), and Pearson Chi-Squared Test of Independence were used to explore differences based on the sexual orientation of the participants. Results from the study showed that engaging in same-gender sexual behavior, LGBTs, especially gays in Ghana were at higher risk of mental health disorders, including depression, anxiety, substance abuse, and suicide ideation and attempts as a result of the anti-LGBT environment in Ghana. The results of the study revealed that LGBT individuals in Ghana experience somatization, depression, and anxiety several days. It is recommended based on the findings of the study that the law against LGBT individuals in Ghana should be examined to give some level of freedom to LGBT individuals in Ghana. This will help to reduce the harassment, stigmatization and discrimination against LGBT individuals in Ghana. This could go a long way to help improve the mental health conditions of LGBT individuals in Ghana. The findings of the study provide evidence for areas of potential research, with implications for policy makers, mental health care professionals and the general public.*

***Keywords:*** *Homosexuality, sexual orientation, mental health, lesbian, gay, Ghana.*

## Introduction

All over the world, lesbian, gay, bisexual and transgender (LGBT) persons go through a lot of discrimination, harassment and victimization. Moreover, many countries in the world do not provide a good condition and safe place for LGBT individuals to live and openly express their sexual orientation (American Psychological Association, 2008). According to the United Nations, in more than 70 countries, laws make it a crime to be a lesbian, gay, bisexual and transgender, exposing millions to the risk of arrest, imprisonment and, in some cases, execution (UNHCR, 2010). In almost every part of the world, LGBT lives are constrained by a web of laws and social practices which deny them an equal right to life, liberty and physical security, as well as other fundamental rights such as freedom of association, freedom of expression and rights to private life, employment, education and health care (Gibson et al, 2014). Across most African countries, LGBT persons face a lot of discrimination, harassment and victimization. However, discrimination, harassment and victimization of the LGBT populace on the continent is seen not to be at a similar dimension over all the countries on the continent (Zervoulis et al, 2015). In fact, it has been discovered that history, culture and institutional elements impact the apparent pervasiveness of LGBT harassment, victimization and discrimination on the continent (Singh and Durso, 2017). As far as institutional elements are concerned, there is an expansive range that includes nations where LGBT activity is punished to nations where LGBT activity is permitted. For instance, a recent survey for the Pew Global Attitudes Project puts stigmatization against LGBT for Kenya (at 90 percent), Senegal (at 96 percent), Nigeria (at 98 percent), and Uganda (at 96 percent), and Egypt (at 95 percent) showing particularly high levels of stigmatization (Pew, 2013). On the other hand, countries, like Rwanda, Lesotho, Guinea Bissau, Cape Verde,

Equatorial Guinea, Sao Tome and Principe, Mozambique, and South Africa, have all declared LGBT activities legal by law (Frimpong, 2018). Unfortunately, while the degree to which discrimination is institutionalized varies from country to country, almost nowhere in the African continent are LGBT people treated as fully equal before the law (Amnesty International, 2001). Vilification and social marginalization of LGBT people is common place across the African continent, even in nations that have decriminalized homosexuality and instituted anti-discrimination measures (Kretz, 2013). Few LGBT people are open about their sexual orientation or gender identity; these often find themselves the targets of violence and public shaming along with, all too often, murder (Kretz, 2013).

In relation to the context of this study, there is enough evidence that the Ghanaian society is homophobic and that LGBT individuals in Ghana dare not disclose their sexuality in public (Frimpong, 2018; MacDarling, 2011; Ofori, 2014; Haruna, 2015; Essien and Aderinto, 2009; Dankwa, 2009; Allotey, 2015; Human Right Watch, 2018). The Pew Global Attitudes Project on homosexuality puts stigmatization against LGBT individuals by Ghanaians at 96 percent, depicting a high level of homophobia (Pew, 2013). The legal landscape and social climate for LGBT people in Ghana have likely contributed to an environment in which LGBT people experience stigma and discrimination (Human Right Watch, 2018). There are many recent surveys in Ghana suggesting that homophobia is still widespread and experienced by LGBT individuals in their daily lives, affecting their psychological wellbeing (Human Right Watch, 2018; Quaye et al., 2015; Green et al., 2015). It has been found by numerous researchers that lesbian, gay, bisexual, and transgender population are vulnerable to more mental health problems than their heterosexual counterpart. These investigations have discovered that individuals taking part in same-sex or potentially recognizing as LGBT are at higher risk of mental health disorders, such as depression, anxiety, substance abuse, and suicide ideation and attempts (Austin et al., 2008; Blake et al., 2001; Bontempo & D'Augelli, 2002; Cochran et al., 2002; Garofalo et al., 1998; Perdue et al., 2003; Russell et al., 2009; Thiede et al., 2003). These poor health outcomes have become inevitable due to the discrimination, marginalization, and isolation that the LGBT individuals face on daily and frequent basis (Remadefi, 2008; Cochran, 2001; Gilman et al., 2001; Sandfort et. al, 20010). Admittedly, authors prefer to explain the cause of the mental health problems among LGBT individuals to stigma, prejudice, and discrimination that promote a stressful social environment for LGBT persons (Meyer, 2003). The majority of studies conducted on the mental health of LGBT individuals have contributed immensely to identifying the mental health problems being experienced by LGBT individuals. However, these studies have limitations, and therefore create a gap for further studies. First, many of these studies on mental health of LGBT individuals have been conducted outside Ghana.

The majority of studies conducted on LGBT individuals in Ghana have focused mostly on report from the media, state institutions and laws, and public opinions, with few of these studies focused on individual cases (Human Right Watch, 2017). On the other hand, the few studies that have focused on the health of LGBT individuals have usually looked at the general health implications for homosexuals as regards diseases such as HIV/AIDS (Anarfi & Owusu, 2010; Nelson et al., 2015; Osafo et al, 2013), specifically leaving out mental health of LGBT individuals. The second limitation is that although population-based samples, an approach which many of these studies have used are a major improvement in LGBT research, such approach have produced extremely small number of people who identify themselves as LGBT (Balsam, et al., 2005). One way to locate large samples of people who self-identify as LGBT is to recruit participants via LGBT communities. The purpose of this paper is to empirically examine the mental health in lesbian, gay, bisexual, and transgender populations in Ghana. The paper also examines the suicidal ideation, suicide attempts, and self-injurious behaviour of the LGBTs in Ghana.

## Materials and methods

### Description of the site

Ghana is one of the countries on the African continent, found on the western part of the continent. Ghana sits on the Atlantic Ocean and shares borders with Togo, Cote d'Ivoire, and Burkina Faso. Formed from the merger of the British colony of the Gold Coast and the

Togoland trust territory, Ghana in 1957 became the first sub-Saharan country in colonial Africa to gain its independence. Ghana's population of approximately 30 million (Worldometers, 2019) spans a variety of ethnic, linguistic and religious groups (Ghana Statistical Service [GSS], 2018). According to the 2010 census, 71.2% of the population are Christians, 17.6% are Muslim, and 5.2% practice traditional faiths (GSS, 2013). Over the past twenty years, Ghana has made major strides as far democracy under a multi-party system is concerned, with its independent judiciary winning public trust. Ghana is ranked among the top three countries in Africa for freedom of speech and press freedom, with strong broadcast media (World Bank, 2019). However, LGBT rights in Ghana are heavily suppressed. Physical and violent homophobic attacks against LGBT people are common, often encouraged by the media and religious and political leaders. Despite the Constitution guaranteeing a right to freedom of speech, of expression and of assembly to Ghanaian citizens, these fundamental rights are actively denied to LGBT people. Same-sex relationships are a misdemeanor punishable by up to three years in prison in Ghana. According to a recent Pew survey, 98 percent of Ghanaians feel that homosexuality is "morally unacceptable," the highest percentage of any country surveyed (Pew Research, 2013). Anti-LGBT rhetoric is rampant from prominent Ghanaian politicians and LGBT citizens face societal discrimination and the threat of violent attack.

## Instruments

The study was carried out through the use of a questionnaire adapted from previous related literature on the area of study. The questionnaire consisted of two sections. The first section focused on the demographics of the participants - age, ethnicity, sexual orientation, region, geographical location, working status, educational level, ethnicity, religious affiliation, and educational attainment. The second section of the questionnaire consisted of two scales: The mental health scale with 18 items, and the suicidal ideation, suicide attempts, and self-injurious behavior scale. For the participants' mental health, the author used the Brief Symptom Inventory 18 (BSI-18). The BSI is the short version of the SCL-R-90 (Derogatis, 1993), for the assessment of psychological distress, especially in clinical practice. The Brief Symptom Inventory with 53 items was developed by Derogatis using a factor analysis and maintaining the scale structure with the reduced item number of the SCL-90-R (somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, anger-hostility, phobic anxiety paranoid ideation and psychoticism).The BSI-18, which is the short version of BSI-53 contains only three six-item scales somatization (SOMA), anxiety (ANX), depression (DEPR), and the global Scale Global Severity Index (GSI). Responses range from 0 (not at all) to 3(nearly every day). Contrary to the SCL-90-R and the BSI-53, the BSI-18 scores are calculated by sum scores. The GSI therefore ranges between 0 – 72 and the three scales between 0 – 24. The application studies demonstrated that the BSI-18 is a suitable instrument for measuring psychological distress and comorbidities in patients with different mental and somatic illnesses (Adams, Boscarino, & Galea, 2006; Berman, Weems, & Stickle, 2006; Carlson, et al, 2004; Coley & Hernandez, 2006; Coultas D., Frederick, Barnett, Singh, Wludyka, 2005). The BSI-18 was used to measure the mental health conditions of the LGBT individuals. The questions assessing suicidal ideation and suicide attempts, both before and since the age of 18, were asked the participants. Additionally, the participants were asked if they ever engaged in intentional self-injurious behaviors without the intention of committing suicide. Also, the participants were asked whether they had ever been in counseling or therapy, whether they were hospitalized for mental health problems before age 18, and whether they were hospitalized for mental health problems since age 18. They were also asked if they had ever been prescribed psychiatric medications.

## Procedure

The participants of the study were recruited from the LGBT community all over Ghana. Non-probability sampling of Snowball sampling technique was used to select the sample for the study. The snowball sampling technique was appropriate for the study due to the fact that the LGBT individuals are a hidden population in Ghana which makes it difficult to access them. However, because they know themselves, the individuals are closely connected. As a result, one participant is likely to know others who are LGBT that make them eligible for inclusion in

the study. The only disadvantage of this sampling technique is that as the participants are not selected from a sampling frame, the sample is subject to bias. For example, an LGBT individual who have many friends who are also LGBT were more likely to be recruited into the sample than those who do not have many friends who are LGBT. The study used a sample of 500 LGBT individuals all over the country. A total of 500 questionnaires were therefore sent out to the participants of the study. Of the total of 500 questionnaires sent to the LGBT individuals, 494 were retrieved and were considered usable for the study. In all, a response rate of 98.8% was achieved for the study. According to Fincham (2008), response rates approximating 60% for most research should be the goal of researchers, and for survey research intended to represent all LGBT individuals in Ghana, a response rate of at least 90% is expected. This was however achieved in this study.

### Statistical methods used

Exploratory Factor Analysis (EFA) was conducted to establish factorial validity and to confirm whether or not the theorized dimensions emerge. EFA analysis showed that the factors were logic and reflected accurately what was intended to be measured. Principal components extraction with varimax rotation to was used to identify factors with eigenvalues of at least one in order to obtain more easily interpreted factor loadings. Descriptive statistics – frequencies, percentages, mean and standard deviations were used to describe the participants' demographics, mental health as well as the suicidal ideation, suicide attempts, and self-injurious behaviours. The inferential statistics of one-way Analysis of Variance (one-way ANOVA), and Pearson Chi-Squared Test of Independence were used to explore differences based sexual orientation of the participants.

## Results

Table 1 presents the demographics of the participants of the study. Of the total 494 participants whose questionnaires were considered usable for the study, 73.5 % (n=363) were males, while 26.5 % (n=131) were females. On the other hand, of the total 494 participants, 14.1% (n=70) identified themselves as lesbians; 41.9% (n=208) identified themselves as gays; 43.5% (n=216) identified themselves as bisexuals; and .4% (n=2) identified themselves as transgender. The participants were from the 14 years and above, with 4.6% (n=23) between the ages of 14-19 years; 17.9% (n=89) between the ages of 20-24 years; 39.0% (n=194) between the ages of 25-29 years; 22.7% (n=113) between the ages of 30-34 years; and 15.7% were 35 years and above. Of the regional distribution of the participants, majority (19.8%) were from the Greater Accra Region; 14.3% (n=71) were from the Volta Region; 12.7% (n=63) were from the Ashanti Region; 12.1% were from the Central Region; and 11.9% were from the Eastern Region. Less than 10.0% were from the Northern (8.1%), Upper East (2.6%), Upper West (3.0%), and Western (7.3%) Regions. Regarding geographical location, majority of the participants (89.7%) were located in the urban areas, while 10.3% were found in the rural areas. About 49% of the participants declared themselves as working full-time, 17.6% reported as working part-time, while 19.5% of the participants declared themselves as unemployed. However, 2.4% of the declared themselves as retired workers, house-wife/house-husband, and self-employed, respectively, while 6.7% (n=33) reported as being students/pupils. Nearly 29% of the participants had completed senior high school, 31.9% had Technical/Vocational Training/Diploma, 15.9% had university undergraduate degree, and 5.5% had university post-graduate degree. Meanwhile, 9.3% (n=46) had primary education, 1.6% (n=8) had middle school living certificate education, while 2.6% (n=13) had no formal education. With respect to ethnicity, 46.8 % (n= 232) considered themselves to be Akans, 20.8% (n=103) considered themselves to be Ga/Dangme, while 14.5% considered themselves to be Ewes. However, 2.4% (n=12) regarded themselves as Guans, 6.0 % (n=30) regarded themselves as Mole-Dagbani, 2.6 % (n=13) regarded themselves as Grusi, 2.8% (n=14) regarded themselves as Gruma, and 3.4% (n=17) regarded themselves as Fantes.

**Table 1.** Demographic profiles of the participants

| **Demographics** | **N** | **Frequency** |
|---|---|---|
| Gender | | |
| Male | 363 | 73.5% |
| Female | 131 | 26.5% |
| Sexual Orientation | | |
| Lesbian | 70 | 14.1% |
| Gay | 208 | 41.9% |
| Bisexual | 216 | 43.5% |
| Transgender | 2 | .4% |
| Age | | |
| 14-19 | 23 | 4.6% |
| 20-24 | 89 | 17.9% |
| 25-29 | 194 | 39.0% |
| 30-34 | 113 | 22.7% |
| 35-39 | 35 | 7.0% |
| 40-44 | 17 | 3.4% |
| 45-49 | 12 | 2.4% |
| 50 and above | 14 | 2.8% |
| Region | | |
| Ashanti | 63 | 12.7% |
| BA | 41 | 8.3% |
| Central | 60 | 12.1% |
| Eastern | 59 | 11.9% |
| Greater Accra | 98 | 19.8% |
| Northern | 40 | 8.1% |
| Upper East | 13 | 2.6% |
| Upper West | 15 | 3.0% |
| Volta | 71 | 14.3% |
| Western | 36 | 7.3% |
| Geographical Location | | |
| Urban | 399 | 89.7% |
| Rural | 46 | 10.3% |
| Working status | | |
| Working full-time | 241 | 48.9% |
| Working part-time | 87 | 17.6% |
| Unemployed | 96 | 19.5% |
| Retired | 12 | 2.4% |
| House-wife/husband | 12 | 2.4% |
| Student/Pupil | 33 | 6.7% |
| Self Employed | 12 | 2.4% |
| Educational Level | | |

| | | |
|---|---|---|
| No formal school | 13 | 2.6% |
| Primary school | 23 | 4.7% |
| Junior High School | 46 | 9.3% |
| Senior High School | 140 | 28.5% |
| Technical/Vocational Training/Diploma | 157 | 31.9% |
| University Graduate | 78 | 15.9% |
| Post Graduate | 27 | 5.5% |
| MSLC | 8 | 1.6% |
| Ethnic group | | |
| Akan | 232 | 46.8% |
| Ga/Dangme | 103 | 20.8% |
| Ewe | 72 | 14.5% |
| Guan | 12 | 2.4% |
| Mole-Dagbani | 30 | 6.0% |
| Grusi | 13 | 2.6% |
| Gruma | 14 | 2.8% |
| Mande | 3 | .6% |
| Fante | 17 | 3.4% |

**Mental health conditions of LGBTs in ghana**

Table 2 shows the mean, standard deviation and the p-values of one–way ANOVA of the mental health conditions of the LGBTs. As clearly noticed in the table the LGBTs reported that they experienced somatization (M=1.1, SD=.075), depression (M=1.0, SD=.074), and anxiety (M=1.2, SD=.084) several days. The Global Severity Index, which measures a patient's severity-of-illness and also the overall psychological distress level indicated that the LGBTs suffered from somatization, depression and anxiety (M=1.1, SD=0.68) several days. The results from the one-way ANOVA shows a significant level of incidence of somatization, depression and anxiety among the LGBTs ($p<.05$). Bisexuals (M=1.3, SD=.79) and gays (M=1.0, SD=.70) were found to experience somatization several days than the lesbians (M=.90, SD=.60) and transgender group (M=.70, SD=.99). On the other hand, the bisexuals (M=1.2, SD=.72) and gays (M=1.0, SD=.75) on several days got depressed than the lesbians (M=.80, SD=.68) and transgender (M=.60, SD=.31). Meanwhile, the bisexuals (M=1.3, SD=.89), gays (M=1.1, SD=.89) and the lesbians (M=1.2, SD=.70) were found to experience more anxiety than their transgender counterpart.

**Table 2.** Mean, standard deviation and the p-values of one-way ANOVA of the mental health conditions of LGBTs

| **Mental health conditions** | **Sexual Orientation** | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | ***Lesbian*** | | ***Gay*** | | ***Bisexual*** | | ***Transgender*** | | ***Total*** | | |
| | M | SD | M | SD | M | SD | M | SD | M | SD | p-value |
| Somatization | .90 | 0.60 | 1.0 | 0.70 | 1.3 | .79 | 0.7 | 0.99 | 1.1 | 0.75 | .000 |
| Depression | .80 | 0.68 | 1.0 | 0.75 | 1.2 | .72 | 0.6 | 0.85 | 1.0 | 0.74 | .000 |
| Anxiety | 1.2 | 0.70 | 1.1 | 0.83 | 1.3 | .89 | 0.6 | 0.31 | 1.2 | 0.84 | .000 |
| GSI | 1.0 | 0.50 | 1.0 | 0.67 | 1.3 | .72 | 0.6 | 0.51 | 1.1 | 0.68 | .000 |

**Table 3.** Crosstabulations and the p-values of the Pearson Chi-Squared test of independence of suicidal ideation, suicide attempts, and self-injurious behaviour of LGBTs

| **Suicidal ideation, suicide attempts, and self-injurious behavior** | **Sexual Orientation** | | | | |
|---|---|---|---|---|---|
| | ***Lesbian*** | ***Gay*** | ***Bisexual*** | ***Total*** | ***p-value*** |
| Self-injurious behaviour (%) | 1.0 | 1.4 | 0.8 | 3.3 | 0.179 |
| Suicide ideation < 18 years (%) | 1.6 | 1.0 | 1.6 | 4.3 | 0.011 |
| Suicide attempt < 18 years (%) | 1.0 | 1.6 | 2.1 | 4.7 | 0.694 |
| Suicide ideation > 18 years (%) | 2.0 | 3.1 | 2.3 | 7.4 | 0.093 |
| Suicide attempt > 18 years (%) | 1.6 | 1.4 | 2.0 | 5.1 | 0.060 |
| History of therapy (%) | 8.4 | 9.2 | 5.3 | 23.0 | 0.000 |
| Psychiatric hosp. < 18 years (%) | 1.6 | 0.8 | 0.4 | 2.9 | 0.000 |
| Psychiatric hosp. > 18 years (%) | 0.6 | 0.4 | 0.2 | 1.2 | 0.087 |
| Psychiatric med. History (%) | 0.6 | 0.6 | - | 1.2 | 0.036 |

The Global Severity Index (GSI) also indicated that the bisexuals (M=1.3, SD=.72), gays (M=1.0, SD=.67) and the lesbians (M=1.0, SD=.50) for several days experienced mental disorders than their transgender counterparts.

### Suicidal ideation, suicide attempts, and self-injurious behaviour of LGBTs in ghana

Table 3 presents the crosstabulations of percentages and the p-values of the Pearson Chi-Squared test of independence of the suicidal ideation, suicide attempts, and self-injurious behaviour of the LGBTs. As indicated in Table 3, 3.3% of the LGBTs indicated that they had engaged in intentional self-injurious behaviour, though without the intention of committing suicide. Of those who had engaged themselves in this behaviour, the gays were found to engage in more self-injurious behaviour than the lesbians and bisexuals, although not statistically significant at the 5 per cent level of significance selected for the study (p>.05). The finding of this study also revealed that 4.3% of the LGBTs had suicide ideation under the age of 18 years. The lesbians (1.6%) and the bisexuals (1.6%) were both found to engage in this psychological distress more than the gays (1.0%). On the other hand, 7.4% of the LGBTs over the age of 18 years were found to have strongly contemplated suicide. Although not statistically significant at the level of 5 per cent (p>.05), the gays (3.1%) were found to have strongly contemplated suicide than the lesbians (2.0%) and the bisexuals (2.3%). Suicide attempts were also found to have been contemplated by the LGBTs.

Approximately 5.0% of the LGBTs reported of having attempted suicide under the age of 18 years, with the bisexuals (2.1%) reported of having attempted suicide more than the gays (1.6%) and the lesbians (1.0%), though not significant (p>.05). Meanwhile, 5.1% of the LGBTs over the age of 18 years reported of having attempted suicide, with the bisexuals (2.0%) reported of having attempted suicide more than the gays (1.4%) and the lesbians (1.6%). Savin-Williams (2001) suggested that LGBTs may over-report suicide attempts in response to a cultural script that says that being an LGBT is associated with distress and being suicidal. However, the result of this current study indicate that cultural script does not have a role to play in the retrospective reports of the LGBTs as the proportion of the participants who have reported to have contemplated and attempted suicide are less than 10% respectively. The result of this current study seems to support the claim that LGBT individuals are more likely to consume mental health services, as 23.0% of the LGBT individuals reported of undergoing therapy. The gays, however, reported to have undergone therapy (9.2%) more than the lesbians (8.4%) and the bisexuals (5.3%). The gays, however, reported to have undergone therapy (9.2%), more than the lesbians (8.4%) and the bisexuals (5.3%).

## Discussion

The aim of the study was to determine the mental health conditions in lesbian, gay, bisexual, and transgender populations in Ghana. The study was also aimed examining the suicidal ideation, suicide attempts, and self-injurious behaviour of the LGBTs in Ghana. The results show that the LGBT individuals in Ghana experience

somatization, depression, and anxiety several days. The Global Severity Index, which measures a patient's severity-of-illness and also the overall psychological distress level indicated that the LGBTs suffered from somatization, depression and anxiety several days. Moreover, a significant level of incidence of somatization, depression and anxiety was recorded among the LGBTs. Bisexuals and gays were found to experience somatization several days than the lesbians and transgender group. On the other hand, the bisexuals and gays on several days got depressed than the lesbians and transgender. Meanwhile, the bisexuals, gays and the lesbians were found to experience more anxiety than their transgender counterpart. These findings supports previous research findings on mental health of LGBT population, which reveals that people engaging in same-gender sexual behaviour and/or identifying as LGBT are at higher risk for mental health disorders, including depression, anxiety, substance abuse, and suicide ideation and attempts (Cochran, 2001, 2003, 2007; Gilman et al., 2001; Sandfort, de Graaf, Bijl, & Schnabel, 2001; Balsam, *et al*., 2005; Cochran and Mays, 2000; D'Augelli, 2002; Espelage, Aragon, Birkett, & Koenig, 2008).

Evidence from previous studies, which the finding of this study also supports, suggests that compared with their other homosexuals, gay men suffer more from mental health problems including substance use disorders, affective disorders, and suicide (Cochran, 2001; Gilman et al., 2001;Sandfort, de Graaf, Bijl, & Schnabel, 2001; Bontempo & D'Augelli, 2002; Eisenberg & Resnick, 2006; Espelage et al., 2008; Fedewa & Ahn, 2011; Feinstein, Goldfried, & Davila, 2012; Russell, Ryan, Toomey, Diaz, & Sanchez, 2011; Ueno, 2005). These mental health disparities among these LGBT individuals have been explained by the direct experiences of stigma, prejudice, and discrimination that create a stressful social environment for these individuals (Friedman, 1999 as cited in Meyer, 2003; D'Augelli, 2002; Espelage, Aragon, Birkett, & Koenig, 2008; Fedewa & Ahn, 2011; Katz-Wise & Hyde, 2012).

The findings of this study also revealed that 4.3% of the LGBTs had had suicide ideation under the age of 18 years, 7.4% of the sexual minorities over the age of 18 years had contemplated suicide, about 5.0% of the LGBTs had attempted suicide under the age of 18 years, while 5.1% of the LGBTs over the age of 18 years reported of having attempted suicide. Savin-Williams (2001) suggested that LGBTs may over-report suicide attempts in response to a cultural script that says that being an LGBT is associated with distress and being suicidal. However, this result shows that cultural script does not have significant role to play in the retrospective reports of the LGBTs as the proportion of the participants who have reported to have contemplated and attempted suicide are less than 10% respectively. Notwithstanding this, the percentage of LGBTs who have had suicide ideation under the age of 18 and over the age of 18, and those with attempted suicide under the age of 18 and over the age of 18, are of great concern. This goes to give insight into the emerging suicide cases of youth and young ones being recorded lately in Ghana.

LGBT individuals have been reported to be more likely to be consumers of mental health services. Although few studies of LGBTs' mental health include measures of utilization, those that do consistently find that LGBT individuals are high utilizers of psychotherapy (Balsam, *et al*., 2005). The result of this study seems to support this claim as more than 20% of the LGBT individuals reported of undergoing therapy. The high use of this mental health services has usually been interpreted as a sign of psychological distress (Cochran, 2001). The proportion of the LGBTs reported of being under psychiatric medication, give us insight that these individuals continue to be affected by the psychological distress of the stigmatization of being an LGBT.

## Conclusion

In an atmosphere of hostility toward LGBTs in Ghana, it very crucial that the society-government, policy makers, stakeholders, the media and hostile populace get to know the challenges facing these sexual minorities. This will help so that social intervention that could effectively reduce tension and create enabling conditions for the protection of the fundamental rights of LGBTs in Ghana is seriously advanced. Based on previous studies that which reveals that people who engage in same-gender sexual behaviour and/or identifying as LGBT are at higher risk for mental health disorders, the author empirically examined the mental health conditions in lesbian, gay, bisexual, and

transgender populations in Ghana, by sampling LGBT individuals through the LGBT communities in Ghana. Recruiting the participants of the study through a non-probability sampling technique of Snow-ball, the results of the study corroborate with some of the findings of previous studies. The results of the study show that engaging in same-gender sexual behavior, LGBTs are at higher risk for mental health disorders, including depression, anxiety, substance abuse, and suicide ideation and attempts. The results of the study revealed that LGBT individuals in Ghana experience somatization, depression, and anxiety several days. The Global Severity Index, reveals that LGBT individuals in Ghana suffer from somatization, depression and anxiety for several days. The results of the study also show that LGBTs who have had suicide ideation under the age of 18 and over the age of 18, and those with attempted suicide under the age of 18 and over the age of 18, are significant for great concern as a country. Given the homophobic attitude towards gays in Ghana, it is not surprising that the gays in Ghana experience much more of mental health problems than the lesbians, bisexuals and the transgender population in Ghana. It therefore implies that the level of hostility towards LGBTs in Ghana is different, and is more tilted towards gays than the lesbians, bisexuals and the transgender populations.

The seriousness of the mental health conditions of LGBTs in Ghana calls for a serious intervention by all and sundry. If not, an individual having the feeling of "gayism", "lesbianism", or "bisexualism" could result in suicidal tendencies. This is because it is difficult for LGBT individuals to voice out their feelings publicly, even to their family members and close friends, as a result of the anti-LGBT environment we live in as a country. These findings therefore suggest that the law against LGBTs in Ghana should be as a matter of urgency be examined to reduce the harassment, stigmatization and discrimination against the LGBT communities in Ghana. This will go a long way to help improve the mental health conditions of LGBT individuals in the country and even prevent future escalation of suicides among the youth in the country. Secondly, there is the need for the public to be educated on LGBT issues in Ghana. It will to help address the homophobic climate and to prevent violent attacks on LGBT individuals in the country. Thirdly, there should be counselling and health facilities specially setup for LGBT individuals to deal with their peculiar cases, such as their mental health issues, and others that could be of help especially for those who want to come out. Fourthly, until the homophobic climate against LGBTs in Ghana changes mental health workers need to be trained on how to deal with LGBT individuals who seek mental health care at the hospitals, and other health care facilities in Ghana.

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